

## PART B - FEE(S) TRANSMITTAL

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530 7590 04/04/2007

**LERNER, DAVID, LITTENBERG,**  
**KRUMHOLZ & MENTLIK**  
**600 SOUTH AVENUE WEST**  
**WESTFIELD, NJ 07090**



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|                    |
|--------------------|
| (Depositor's name) |
| (Signature)        |
| (Date)             |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO.          | CONFIRMATION NO.  |
|-----------------|-------------|----------------------|------------------------------|-------------------|
| 10/646,299      | 08/22/2003  | Carl Ekholm          | 06/20/2007 TRAUMA-10-4350101 | 12109592010646299 |

TITLE OF INVENTION: HUMERAL NAIL

01 FC:1501 1400.00 DA  
 02 FC:1504 300.00 DA  
 03 FC:8001 42.00 DA

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| nonprovisional | NO           | \$1400        | \$300               | \$0                  | \$1700           | 07/05/2007 |

| EXAMINER        | ART UNIT | CLASS-SUBCLASS |
|-----------------|----------|----------------|
| WILLSE, DAVID H | 3738     | 606-062000     |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- 1 **LERNER, DAVID, LITTENBERG,**  
 2 **KRUMHOLZ & MENTLIK, LLP**  
 3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

**Stryker Trauma GmbH**

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**Germany**

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
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5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date June 20, 2007

Typed or printed name

**Arnold H. Krumholz**

Registration No. 25,428

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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**FACSIMILE TRANSMISSION**  
**ISSUE FEE TRANSMITTAL AND**  
**PUBLICATION FEE**

ATTORNEY DOCKET NO.: TRAUMA 3.0-435

APPLICATION NO.: 10/646,299

CONFIRMATION NO.: 9201

MAILING DATE OF NOTICE OF ALLOWANCE: April 4, 2007

FAX NUMBER: (571) 273-2885

PAGES INCLUDING COVER SHEET: 2

**PLEASE ACKNOWLEDGE RECEIPT TO SENDER AT (908) 654-7866.**

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on June 20, 2007  
Date

Signature

Arnold H. Krumholz; Reg. No. 25,428

Typed or printed name of person signing Certificate

11

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